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ABSTRACT

Experts agree that prevention through education is the best way to fight the transmission of Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency (AIDS). However, the capacity of teachers to provide instruction about AIDS and other related health problems with knowledge and comfort may be limited by a lack of preservice education. This Digest highlights: (1) the extent of preservice HIV/AIDS education; (2) the need for comprehensive preservice HIV/AIDS education; (3) current efforts to include HIV/AIDS prevention education in preservice teacher education; and (4) HIV/AIDS resources for preservice teachers and teacher educators. The first section cites several studies that suggest a lack of HIV-specific training in preservice teacher education. Section two lists six factors related to HIV/AIDS that make preservice preparation critical. The third section provides examples of current efforts to incorporate HIV/AIDS prevention education into preservice teacher education programs. In addition to the resources for preservice teachers and teacher educators cited in the fourth section, information is provided on projects sponsored by the Centers for Disease Prevention and Control that are being conducted by the American Association for Health Education and the American Association of Colleges for Teacher Education. (Contains 14 references.) (LL)

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by

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HIV/AIDS Education in Teacher Preparation Programs

Danielle Skripak and Liane Summerfield

Introduction

The Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System (YRBSS) indicates that young people are at risk of a number of serious health problems, including sexually transmitted diseases and HIV/AIDS. The most recent YRBSS survey of high school students (Kann et al., 1996) reported that 53% have had sexual intercourse and 38% are currently sexually active (defined as having had intercourse during the preceding 3 months). Slightly over half of adolescents reported using a condom during last sexual intercourse, with African American students significantly more likely than Hispanic or white teens to report condom use at last intercourse. Given the relationship between drug use and impaired judgment, it is alarming that more than half of students reported recent alcohol use, and one-fourth reported recent marijuana use.

Experts agree that prevention through education is the best way to fight the transmission of human immundeficiency virus (HIV), which causes AIDS, and that education must begin before young people initiate sexual activity and certainly no later than seventh grade (Black & Jones, 1988; Kirby, Barth, Leland, & Fetro, 1991; White & Ballard, 1993). Because school attendance is a nearly universal experience for American children and youth, schools offer an accessible and appropriate setting for HIV/AIDS education. Unfortunately, the capacity of teachers to provide instruction about AIDS and other related health problems with knowledge and comfort may be limited by a lack of preservice education.

The Extent of Preservice HIV/AIDS Education

Despite the fact that most elementary health education is provided by regular classroom teachers, only 31 states require elementary teachers to have health coursework (Stone & Perry, 1990). Most health education at the secondary level is provided by certified health teachers, although a recent survey found that one-third of secondary health teachers majored in a field other than health or science (Collins, Small, Kann, Pateman, Gold, & Kolbe, 1995). For this reason, *Guidelines for Effective School Health Education to Prevent the Spread of AIDS* called upon colleges of education to provide preservice AIDS education for future teachers (CDC, 1988). The following studies suggest a lack of HIV-specific training in preservice teacher education:

- In one study of 197 institutions of preservice teacher education, only 54% of elementary-emphasis students and 58.1% of intermediate-emphasis students remembered receiving any planned instruction regarding HIV (White & Ballard, 1993).
- Fewer than half of elementary education majors surveyed understood protective procedures, such as safely cleaning up blood or bodily fluids (Ballard, White, & Glascoff, 1990).
- A study of college catalogs conducted by the Sexuality Information and Education Council of the United States (SIECUS) concluded that no universities required a sexuality education course for preservice teachers, and only 14% required all preservice teachers to take a health education course (Rodriguez, Young, Renfro, Asencio, & Haffner, 1995/96).

The Need for Comprehensive Preservice HIV/AIDS Education

Six factors related to HIV/AIDS make preservice preparation critical:

1. Children with HIV disease are living longer, and the number of children with HIV/AIDS who are attending school is expected to grow. Teachers need an understanding of the special educational, social, psychological, and medical needs of these students.
2. Since 1993, HIV/AIDS has been the leading cause of death among 25- to 44-year-olds in the United States (Update, 1996). Teachers may expect to confront educational and psychosocial issues among children whose parents have HIV disease.
3. To prevent the spread of any disease, teachers must be knowledgeable and skilled in using correct infection control guidelines in and around the classroom.
4. In some instances the teacher may be entrusted with information about a student's, parent's, or staff member's HIV status and must understand ethical and legal requirements for respecting confidentiality.
5. Teachers may be expected to provide HIV/AIDS education and to answer students' questions about HIV disease in a manner that is developmentally and culturally appropriate.
6. Teacher attitudes affect their comfort with and capacity to teach specific subject matter. The preservice setting offers an opportunity for future teachers to explore their own beliefs and biases toward the disease.

Current Efforts to Include HIV/AIDS Prevention Education in Preservice Teacher Education

HIV/AIDS education can have a significant impact on college students. For example, in one study, participants in an elective course on the HIV/AIDS epidemic exhibited decreased homophobic attitudes, became more tolerant towards persons with AIDS, and improved knowledge about AIDS. However, there was no change in their perception of personal vulnerability (Goertzel & Bluebond-Langner, 1991).

Although less than one-third of preservice teacher education students in another study felt that HIV/AIDS prevention education should be taught in a separate course (Quinn, Thomas, & Smith, 1990), several universities have developed specific courses for teacher education students. For example, a course at the University of Florida called "HIV/

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AIDS Education: Issues & Strategies," was developed for not only preservice teachers but for students in social work, nursing, premedicine, allied health, and social and behavioral sciences (Dorman, Collins, & Brey, 1990). In California, Project TEACH (Teacher Education to Achieve Comprehensive Health) was organized to assist college faculty who were teaching a required preservice health course for elementary and secondary education majors (Lovato & Rybar, 1995).

At the national level, the Centers for Disease Control and Prevention has provided funding to several organizations to aid in preventing serious health problems, including HIV disease, among college students. Both the American Association for Health Education (AAHE) and the American Association of Colleges for Teacher Education (AACTE) are engaged in projects that involve teacher education students.

AAHE, in the third year of its project, is developing model programs for infusing HIV prevention education into preservice teacher preparation and is working to establish state policies that promote health education for elementary and middle school teachers. For additional information, contact AAHE, 1900 Association Drive, Reston, VA 22091; 703-476-3420; http://www.hiv@aahperd.org.

AACTE, with over 700 schools, colleges, and departments of education (SCDE) as members, is in the second year of a 5-year initiative to influence the institutionalization of HIV/AIDS prevention education in SCDEs. Among activities planned for AACTE's *Build a Future Without AIDS* project are development of various types of educational materials for teacher education faculty to incorporate into their classes; sponsored discussions of the role of health education in standards for teacher preparation and licensure; dissemination of resources electronically; and provision of HIV/AIDS resource materials to faculty and deans. For additional information, contact AACTE, Build a Future Without AIDS, One Dupont Circle, Suite 610, Washington, DC 20036; 202-293-2450; http://www.aacte.org/new/project.html.

HIV/AIDS Resources for Preservice Teachers and Teacher Educators

Bogden, J. F., & Fraser, K. (1996). *Someone at school has AIDS. A complete guide to education policies concerning HIV infection.* Alexandria, VA: National Association of State Boards of Education (1012 Cameron Street; 22314).

Collins, J. L., & Britton, P. O. (1990). *Training educators in HIV prevention: An inservice manual.* Santa Cruz, CA: ETR Associates (P. O. Box 1830; 95061-1830).

Quackenbush, M., & Villarreal, S. (1996). *Does AIDS hurt? Educating young children about AIDS* (2nd edition). Santa Cruz, CA: ETR Associates (P. O. Box 1830; 95061-1830).

Schonfeld, D., & Quackenbush, M. (1996). *Teaching kids about how AIDS works: A curriculum for grades 4-6.* Santa Cruz, CA: ETR Associates (P. O. Box 1830; 95061-1830).

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Lovato, C. Y., & Rybar, J. (1995). Development and dissemination of a manual to promote teacher preservice in health education. *Journal of School Health, 65*(5), 172-175. EJ510940

Quinn, S. C., Thomas, S. B., & Smith, B. J. (1990). Are health educators being prepared to provide HIV/AIDS education? A survey of selected health educators professional preparation programs. *Journal of School Health, 60*(3), 92-95.

Rodriguez, M., Young, R., Renfro, S., Asencio, M., & Haffner, D. W. (1995/96). Teaching our teachers to teach: A SIECUS study on training and preparation for HIV/AIDS prevention and sexuality education. *SIECUS Report, 28*(2).

Stone, E. J., & Perry, C. L. (1990). United States: Perspectives on school health. *Journal of School Health, 60*(7), 363-369.

Update: Mortality attributable to HIV infection among persons aged 25-44 years—United States, 1994. (1996, February 16). *Morbidity and Mortality Weekly Report, 45*(6), 121-125.

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